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This brief report presents a conceptual model for summarizing the underlying psychological features salient to soldier adaptation to peacekeeping operations. The model was developed based on research conducted with Army units in Europe involved in recent peacekeeping operations. Two questions are addressed: (1) What stressors do soldiers encounter in peacekeeping operations? and (2) What universal issues emerge across different deployments? Results include examples of the stressors soldiers encounter on peacekeeping operations, as well as some actions that can be taken to counteract the unhealthy effects of these stressors.

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A MODEL OF PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS

This report presents a conceptual model for summarizing the underlying psychological features salient to soldier adaptation to peacekeeping operations. The model was developed based on research conducted with US Army units in Europe involved in recent peacekeeping operations. These studies included a medical task force of about 300 soldiers on a six-month deployment to Croatia in November 1992, a second Army medical task force of about 200 personnel deployed to Croatia in March of 1993, and an Army infantry unit deployed to the Former Yugoslav Republic of Macedonia in July of 1993 on a border patrol mission. Two questions are addressed:

- What stressors do soldiers encounter in peacekeeping operations?
- What universal issues emerge across different deployments?

METHODS

Methods used included observations, surveys, and interviews. The second medical task force was studied most extensively, and consisted of a soldier and a family component. Despite some variations, all survey instruments used similar or identical items and covered three general areas: sources of stress; physical and mental health outcomes, including morale; and individual and organizational factors that might influence responses to stress. Although not addressed specifically in this report, we were also interested to observe how unit cohesion develops in newly-constituted units, and how soldiers adapt to a multi-national operational environment.

RESULTS

Specific results from the second task force provide good examples of the stressors soldiers face at each deployment phase. Overall, the major stress factor in the **pre-deployment period** was uncertainty associated with getting to know peers and leaders, and finding out who was going and when. During the **mid-deployment phase**, a critical stress factor was the lack of meaningful activities. This was frequently described as "boredom." In fact, the work load in the hospital was not high, and travel restrictions prevented US medical personnel from doing outreach and liaison work in any of the forward sectors. Soldiers also perceived a lack of response from rear support elements to requests for supplies and replacement personnel which compounded their sense of isolation. For many of the married soldiers, a major issue was concern for their families back home.

FIGURE 1: KEY ISSUES - STRESSORS Summary Across All Phases

- **UNCERTAINTY:** Who is going? When? How long? Who are my co-workers, my leaders? Conditions?
- **GETTING ADAPTED,** making contact with home, getting established, living & work schedules
- **UNCLEAR MISSION,** Chain-of-command
- **MOVEMENT & TRAVEL RESTRICTIONS**
- **LACK OF SUPPORT** from HQ, Rear Detachment
- **LACK OF MEDIA/PUBLIC RECOGNITION**
- **RELATIVE DEPRIVATION** (Worse off than others)
- **BOREDOM,** shortage of professional activities
- **GAPS IN FAMILY SUPPORT**
- **DOUBTS** about importance, value of mission
- **FUTURE PLANS:** What does future hold for career and family?

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The key stressors in the **late-deployment period**, just before deploying back to home station, also had to do with uncertainty and ambiguity. The future basing of the unit was not clear, leaving many soldiers wondering where they would re-deploy to, and whether they would have to move their families. Figure 1 displays a listing of the principal stressors across the second medical support contingent. Similar stressors were noted in the other medical and border patrol units that we studied.

A MODEL FOR SOLDIER PSYCHOLOGICAL ADAPTATION TO PEACEKEEPING: DEPLOYMENT STRESSORS & RECOMMENDATIONS

Rational analysis of these various lists of stress factors for soldiers led to a model of five underlying psychological dimensions to summarize the specific stressors encountered by soldiers on peacekeeping operations (Figure 2). In addition, the model also makes some practical recommendations that can be taken to counteract the unhealthy effects of these stressors.

FIGURE 2: PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS

	STRESSORS	COUNTERMEASURES
• ISOLATION:	Physically remote locations Communication problems Multiple units in Task Force Individuals cross-attached	{ Give accurate & useful information -what to expect Provide briefings by those who have been there Encourage use of e-mail, phone, & fax Conduct team-building exercises
• AMBIGUITY:	Mission not clear Command structure confusion	{ Give clear definition of mission Hold frequent troop meetings, "commander calls" to provide information & answer questions Clarify chain-of-command, authority
• POWERLESSNESS:	Rules-of-engagement restrictions Limited activity/productivity Foreign culture & language Relative deprivation- "Double Standards"	{ Leaders explain & justify Rules-of-Engagement Provide education & self-development options Information briefs, classes on host culture, language Leaders assure fair access to goods & services; explain discrepancies honestly
• BOREDOM:	Repetitive, monotonous routine Shortage of professional work Lack of meaningful work	{ Use creative training programs Soldier exchange programs with other forces Self-development & education programs
• THREAT/DANGER:	Threat to life or limb; Mines, snipers, disease	{ Provide sound training, equipment, policies Keep soldiers informed about physical threat Offer regular debriefings

This model serves to both organize the data on peacekeeping operational stressors, and also suggests a number of hypotheses for future testing. Understanding the nature of stress encountered on peacekeeping operations is the critical first step toward the larger goal of optimizing soldier health and performance on these new kinds of missions.

Based on: Bartone, P.T., & Adler, A. B. (1994, October 25-27). A model for soldier psychological adaptation in peacekeeping operations. *Proceedings of the 36th Annual Conference of the International Military Testing Association* (pp.33-40). Rotterdam, The Netherlands.